Case 18-21199-JAD Doc 70 Filed 09/23/20 Entered 09/23/20 13:01:44 Desc Main File No.: 11781 Document Page 1 of 4

## IN THE UNITED STATES BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In Re:	: Bankruptcy No. 18-21199 JAD
Delmas F. Fresh and April D. Fresh,	: Chapter 13
Debtors.	Document No.
Delmas F. Fresh and April D. Fresh,	
Movants,	: :
VS.	· :
No Respondents.	· :
AMENDMENT	Γ COVER SHEET
	chedule(s), or statement(s) are transmitted herewith:
Voluntary Petition Specify reason for an	
Official Form 6 Schedules (Itemization Summary of Schedules Schedule A/B - Property Schedule C - Property Claimed as Exem Schedule D - Creditors Holding Secured Check one:	npt
No creditor(s) add Creditor(s) delete Schedule E/F - Creditors Holding Unsec Check one:	ed cured Claims  (Submit electronically w/amendment)  ded
No creditor(s) add Creditor(s) delete	(Submit electronically w/amendment) ded
Schedule H - Codebtors  X Schedule I - Current Income of Individu Schedule J - Current Expenditures of Inc Statement of Financial Affairs Chapter 7 Individual Debtor's Statemen Chapter 11 List of Equity Security Hold	dividual Debtor(s) t of Intentions

Case 18-21199-JAD Doc 70 Filed 09/23/20 Entered 09/23/20 13:01:44 Desc Main Document Page 2 of 4

 Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims
 Disclosure of Compensation of Attorney for Debtor(s)
 Other:

## NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Fed.R.Bankr.P. 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the U.S. Trustee, the trustee in this case, and to entities affected by the amendment(s) as follows: None

Date: September 23, 2020

/s/ Daniel R. White

Daniel R. White PA I.D. No. 78718 Zebley Mehalov & White, P.C. P. O. Box 2123 Uniontown, PA 15401 Email: dwhite@Zeblaw.com (724) 439-9200

Attorney for Debtors

Fill in this inform	ation to identify your case:	
Debtor 1 Delmas F. Fresh		_
Debtor 2 (Spouse, if filing)	April D. Fresh	_
United States Ba	ankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA	_
Case number	18-21199 JAD	Check if this is:
(If known)		<ul> <li>An amended filing</li> <li>A supplement showing postpetition chapter</li> <li>13 income as of the following date:</li> </ul>
O((' '	4001	

## Official Form 106I

## Schedule I: Your Income

12/15

MM / DD/ YYYY

For Debtor 1

For Debtor 2 or

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Describe Employment								
1.	Fill in your employment information.		Debtor	1	Debtor 2 or non-filling spouse				
	If you have more than one job,		■ Emp	loyed	☐ Employed				
	attach a separate page with information about additional	Employment status	□ Not e	employed	■ Not employed				
	employers.	Occupation	Truck driver		Housewife				
	Include part-time, seasonal, or self-employed work.	Employer's name	Ameril	cohl Mining Inc					
	Occupation may include student or homemaker, if it applies.	Employer's address	202 Sunset Drive Butler, PA 16001						
		How long employed th	nere?	6 months	 				

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 5,500.00 \$ 0.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106l Schedule I: Your Income page 1

	tor 1 tor 2	April D. Fresh	_		Case	number ( <i>if ki</i>	nown)	18-2	1199 J	AD	
					For	Debtor 1			Debtor -filing s		
	Cop	by line 4 here	4.		\$	5,500	0.00	\$	i-iiiiig s	0.00	_
5.	Lis	t all payroll deductions:									
0.	5a.	Tax, Medicare, and Social Security deductions	5a	a	\$	1,375	. ^^	\$		0.00	1
	5b.	Mandatory contributions for retirement plans	5b		\$ -		0.00	·		0.00	_
	5c.	Voluntary contributions for retirement plans	5c		<u> </u>		0.00	·		0.00	_
	5d.	Required repayments of retirement fund loans	5d		\$_		0.00	\$_		0.00	_
	5e.	, , ,	5e		\$		0.00	·		0.00	_
	5f.	Domestic support obligations	5f.		\$_		0.00	\$		0.00	_
	5g.	Union dues	5g		\$		0.00	\$		0.00	_
	5h.	Other deductions. Specify:		1.+	\$		0.00	+ \$		0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.		\$	1,67		\$		0.00	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	3,82		· · · —		0.00	_
8.		t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total			· <u> </u>	3,3_		· · · —			_
		monthly net income.	8a	a.	\$	(	0.00	\$		0.00	1
	8b.	Interest and dividends	8b	).	\$		0.00	\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	: 8c	<b>.</b>	\$	(	0.00	\$		0.00	_
	8d.	Unemployment compensation	8d	d.	\$_	(	0.00	\$		0.00	_
	8e.	Social Security	8e	€.	\$_	1,788		\$		0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	e 8f.		\$_		0.00	\$_		0.00	_
	8g.	Pension or retirement income	8g		\$ 1,763.00 \$ 0.00		3.00	. \$_		0.00	<u> </u>
	8h.	Other monthly income. Specify:	8h	1.+			+ \$		0.00		
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	3,55	.00	\$_		0.0	0
10.		culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		7,376.00	+ \$		0.00	= \$ _	7,376.00
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not exify:	depe							e J. +\$	0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certailies							12.	\$	7,376.00
13.	_	you expect an increase or decrease within the year after you file this form	1?							Combi month	ned ly income
		No. Yes. Explain: Debtors' household lost \$1088.00/mo. income in benefits.	Jun	e 2	2018	with los	s of	daugh	ter's s	ocial se	eurity

Official Form 106l Schedule I: Your Income page 2